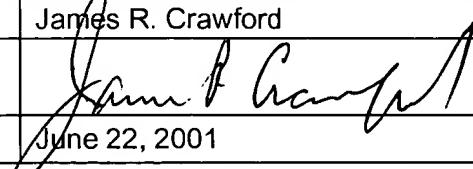


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|---|---|---|--------------------|---------------------|
| UTILITY PATENT APPLICATION TRANSMITTAL <small>(only for new nonprovisional applications under 37 CFR 1.53(b))</small> | | Attorney Docket No. | HANZ (10104501) | Total Pages ---- |
| | | First Named Inventor or Application Identifier | | |
| | | Rothenberger | | |
| | | Express Mail Label No. | EL 829763712 US | |
| APPLICATION ELEMENTS <small>See MPEP Chapter 600 concerning utility patent application contents.</small> | | ADDRESS TO: Assistant Commissioner for Patents Box Patent Application Washington, DC 20231 | | |
| 1. <input checked="" type="checkbox"/> Fee Transmittal Form (attached hereto in duplicate) 2. <input checked="" type="checkbox"/> Specification [Total Pages 9] <small>(Preferred arrangement set forth below)</small> <ul style="list-style-type: none"> - Descriptive Title of the Invention - Cross References to Related Applications - Statement Regarding Fed sponsored R&D - Reference to Microfiche Appendix - Background of the Invention - Brief Summary of the Invention - Brief Description of the Drawings (if filed) - Detailed Description - Claim(s) - Abstract of the Disclosure 3. <input checked="" type="checkbox"/> Drawing(s)(35 USC 113) [Total Sheets 2] 4. Oath or Declaration | | 6. <input type="checkbox"/> Microfiche Computer Program (Appendix) 7. Nucleotide and/or Amino Acid Sequence Submission (if applicable, all necessary) | | |
| a. <input checked="" type="checkbox"/> Newly executed (original or copy) b. <input type="checkbox"/> Copy from a prior application (37 CFR 1.63(d)) <small>(for continuation/divisional check boxes 5 and 16)</small> <ul style="list-style-type: none"> i. <input type="checkbox"/> <u>Deletion of Inventor(s)</u> <small>Signed statement attached deleting inventor(s) named in the prior application, see 37 CFR 1.63(d)(2) and 1.33(b).</small> 5. <input type="checkbox"/> Incorporation by Reference <small>(useable if Box 4b is checked)</small> <small>The entire disclosure of the prior application, from which a copy of the oath or declaration is supplied under Box 4b, is considered as being part of the disclosure of the accompanying application and is hereby incorporated by reference therein.</small> | | a. <input type="checkbox"/> Computer Readable Copy b. <input type="checkbox"/> Paper Copy (identical to computer copy) c. <input type="checkbox"/> Statement verifying identity of above copies ACCOMPANYING APPLICATION PARTS 8. <input checked="" type="checkbox"/> Assignment Papers (cover sheet & document(s)) 9. <input type="checkbox"/> 37 CFR 3.73(b) Statement <small>(when there is an assignee)</small> <input type="checkbox"/> Power of Attorney 10. <input type="checkbox"/> English Translation Document (if applicable) 11. <input checked="" type="checkbox"/> Information Disclosure Statement (IDS)/PTO-1449 <input type="checkbox"/> Copies of IDS Citations 12. <input checked="" type="checkbox"/> Preliminary Amendment 13. <input checked="" type="checkbox"/> Return Receipt Postcard (MPEP 503) <small>(Should be specifically itemized)</small> 14. <input type="checkbox"/> Certified Copy of Priority Document(s) <small>(if foreign priority is claimed)</small> Claiming Priority of German Patent Application No. 100 32 144.5-15 filed July 1, 2000 15. <input checked="" type="checkbox"/> Other: Assignment - Form PTO 1595-Exec. Assignment - Check for \$40.00 | | |
| 16. If a CONTINUING APPLICATION, check appropriate box and supply the requisite information: <input type="checkbox"/> Continuation <input type="checkbox"/> Divisional <input type="checkbox"/> Continuation-in-Part (CIP) of prior application No: 17. <input type="checkbox"/> For this application, please cancel original of the prior application before calculating the filing fee. | | | | |
| 18. CORRESPONDENCE ADDRESS <input checked="" type="checkbox"/> Customer Number or Bar Code Label 24972 or <input type="checkbox"/> Correspondence Address below | | | | |
| 19. TELEPHONE CONTACT Please direct all telephone calls or telefaxes to James R. Crawford at: Telephone: (212) 318-3148 Fax: (212) 318-3400 | | | | |
| 19. SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT REQUIRED | | | | |
| NAME | James R. Crawford | | | Reg. No. 39,155 |
| SIGNATURE |  | | | |
| DATE | June 22, 2001 | | | |

06/22/01
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|------------------------|--------------------------|----------------|
| FEE TRANSMITTAL | <i>Complete if Known</i> | |
| | Application Number | To be assigned |
| | Filing Date | Herewith |
| | First Named Inventor | Rothenberger |
| | Group Art Unit | To be assigned |
| | Examiner Name | To be assigned |
| | Attorney Docket Number | HANZ-201 |

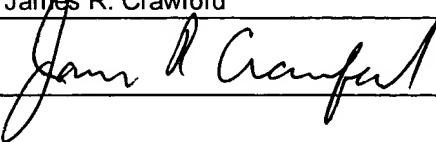
FEE CALCULATION

CLAIMS AS FILED

| (1) | (2) | (3) | (4) | (5) |
|---------------------------|--------------------------|--------------|------------|-----------------------|
| FOR: Small entity | NUMBER FILED | NUMBER EXTRA | RATE | BASIC FEE \$710.00 |
| TOTAL CLAIMS | 10 | 0 | x 9.00 | \$ 0.00 |
| INDEPENDENT CLAIMS | 2 | 0 | x 82.00 | \$ 0.00 |
| MULTIPLE DEPENDENT CLAIMS | <input type="checkbox"/> | N/A | \$270.00 | ----- |
| | | | TOTAL FEES | \$710.00 |

METHOD OF PAYMENT

- Please charge Deposit Account No. 50-0624 in the amount of \$0.00
- A check for \$710.00 is enclosed to cover the cost of the Application filing fee.
- The Commissioner is hereby authorized to charge any additional fees which may be required in connection with the filing of this communication, or credit any overpayment, to Account No. 50-0624. A duplicate of this sheet is enclosed.

| | | |
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| SUBMITTED BY: | | <i>Complete (if applicable)</i> |
| Typed or Printed Name | James R. Crawford | Reg. No. 39,155 |
| Signature |  | Date: June 22, 2001 |
| | | Deposit Account No. 50-0624 |